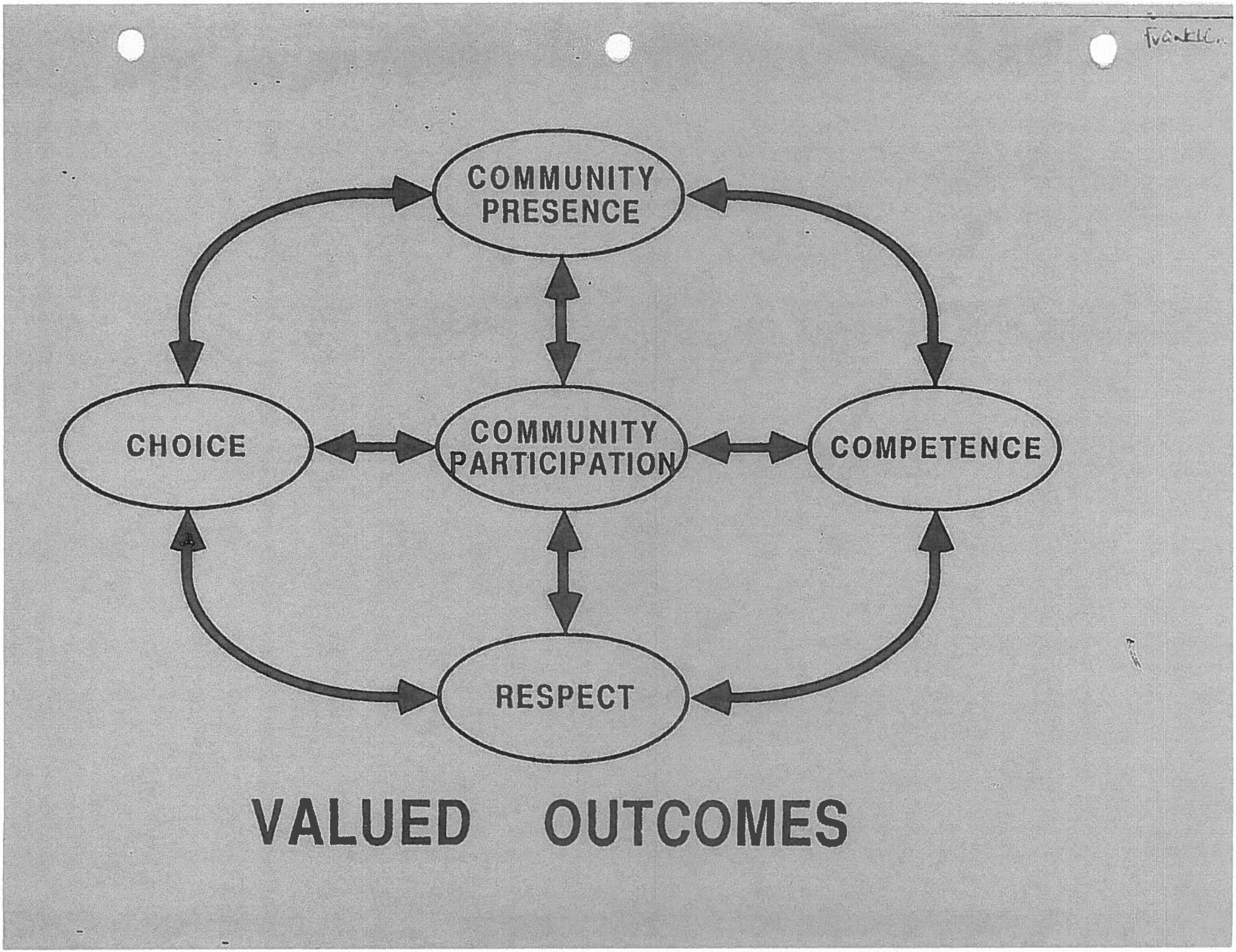
Section 2

What We Believe

CHART: COMPARISON OF TRADITIONAL REHABILITATION PROGRAMS AND INDEPENDENT LIVING PROGRAMS*

	REHABILITATION	INDEPENDENT LIVING
Definition of problem	physical or mental impairment; lack of vocational skill (in the VR system)	dependence upon professionals, family members and others
Locus of problem	in the individual (individual needs to be "fixed" to "fit" into society)	in the environment; in the medical and/or rehabilitation process itself
Solution to problem	professional intervention; treatment	barrier removal; advocacy; self- help; peer role models; consumer is focus rather than options and services
Social role	individual with a disability is a "patient" or "client"	individual with a disability is a "consumer" or "user" of services and products
Who controls	professionals	"consumer" or "citizens"
Desired outcomes	maximum self-care (or "ADL"); gainful employ-ment in the VR system	independence through control over *acceptable* options for every day living in an integrated,


COMMUNITY PRESENCE
CHOICE
COMMUNITY PARTICIPATION
COMPETENCE
RESPECT
VALUED OUTCOMES

WHAT IS A SELF-ADVOCATE?

You are a self-advocate, if you have ever spoken up for what you believe in, especially if it is to someone who thinks they know what is best for you or someone who wants to have control over your life.

You are a self-advocate, if you have taken responsibility for your life in some way.

You are a self-advocate, if you have ever questioned people's expectations of you.

You are a self-advocate, if you have ever joined a self-advocacy group and believe that the group's work is going to make life better for people with disabilities.

Even if you have never done any of these things, ***you*** can become a self-advocate by getting involved. So start today!!

Self Determination

What Is Self Determination?

It is person centered.

It is person directed.

It recognizes that people with disabilities should take charge of and responsibility for their lives.

Why is a Self Determination Method good to have?

It is good because the person not the service system decides:

- Where the person lives and with whom;
- What type of services the person will receive;
- Who will provide the services;
- How the person will spend time.

Why is Self Determination hard work?

It is hard because the person must:

- Have the courage to say what the person really wants;
- Not be afraid of how others will react to decisions;
- Always try to make good choices;
- Figure out how to budget money;
- Know when to ask for help;
- Find people to help.

How is this different from the system used today?

Current Way: The person is matched as much as possible to agency offerings.

Self Determination Way: The person's services are designed to support the person's goals but goals must be realistic and build on a person's strengths while not ignoring a person's limits.

Person-centred planning

From Wikipedia, the free encyclopedia

Person-centred planning' (PCP) is a set of approaches designed to assist someone to plan their life and supports.[1] It is used most often as a life planning model to enable individuals with disabilities or otherwise requiring support to increase their personal self-determination and improve their own independence.

PCP is accepted as evidence based practice in many countries throughout the world.[2] It is most often used for life planning with people with learning and developmental disabilities, though recently it has been advocated as a method of planning personalised support with many other sections of society who find themselves disempowered by traditional methods of service delivery, including children, people with physical disabilities, people with mental health issues and older people. [1] (http://www.csci.gov.uk/default.aspx?page=2098&key=)

Person-centred planning was adopted as government policy in the United Kingdom through the 'Valuing People' White Paper in 2001, and as part of 'Valuing People Now', the 'refresh' of this white paper in 2009.[3] It is promoted as a key method for delivering the personalisation objectives of the UK government's **'Putting People First'** programme for social care.[4] The coalition government has continued the commitment to personalisation through 'Capable Communities and Active Citizens' (2010), and recently over 30 health and social care organisations set up a sector-wide agreement 'Think Local, Act Personal' (2011) to transform adult social care.[5]

Contents

Background

> "Person Centred Planning discovers and acts on what is important to a person. It is a process for continual listening and learning, focussing on what are important to someone now and in the future, and acting on this in alliance with their family and their friends"[6]

Person-centred planning was created in response to some specific problems with the way in which society responds to people with disabilities. Those who first described the processes were responding to the effects that 'services' can have on people's lives. In this context 'services' is a general term used to refer to the organisations which are set up to help people in relation to their disability (or at least in relation to how other people have responded to that disability). It would include health and social care services funded by government or local authorities, but also privately funded or voluntary sector projects of many kinds.

Person-centered planning has similarities to other processes and ideas, but was first named and described more definitely by a group of people in the US, including the Center on Human Policy's Rehabilitation Research and Training Center (RRTC) on Community Integration e.g., Julie Ann Racino, Zana Lutfiyya, Steve Taylor, John O'Brien (human services thinker), Beth Mount, Connie Lyle O'Brien, technical assistance "partners" of the RRTC (e.g., Michael Smull, Wade Hitzing, Karen Green-McGowen, Nick Arambarri) and person-centred planning in Canada by Jack Pearpoint, Judith Snow and Marsha Forest. Whilst it was developed because of the social and service response to disability, it was quickly recognised to be as useful for many other individuals and groups of people.

Disabled people in the UK and USA developed the Social model of disability, arguing for a shift in the balance of power between people and the services on which they rely. Person centred planning is based in the social model of disability because it places the emphasis on transforming the options available to the person, rather than on 'fixing' or changing the person. Specifically person-centred planning was based diversely on principles of community integration/inclusion/ normalisation/social role valorization.[7] Prior to its inception, these principles were crystallised by John O'Brien and Connie Lyle O'Brien in the 'Framework for Accomplishment' which listed five key areas important in shaping people's quality of life, and asserting that services should be judged by the extent to which they enable people to:

- Share ordinary places
- Make choices
- Develop abilities

- Be treated with respect and have a valued social role
- Grow in relationships[8]

The title 'person-centred' is used because those who developed it and used it initially shared a belief that services tend to work in a 'service-centred' way. This 'service-centred' behaviour appears in many forms, but an example is that a person who is isolated would be offered different groups to attend (each run by a service specifically for people sharing a specific label), rather than being helped to make friends in ordinary society.

The person-centered concept grew out of the critique of the "facility-based services" approach in the US (and worldwide)which was central to the development of "support approaches" in the US[9][10] The nationwide technical assistance funded by the National Institute on Disability Research and Rehabilitation (NIDRR), which included the person-centered approaches, is reported in the "Journal of Vocational Rehabilitation"[11]

A central idea behind person-centred planning, is that services which are set up to respond to problems of social exclusion, disempowerment, and devaluation, can unintentionally make the situation of individual people worse (i.e. further disempower, devalue and exclude people). Person-centred planning is designed specifically to 'empower' people, to directly support their social inclusion, and to directly challenge their devaluation. One of the benefits of person-centered planning is that it can address the perennial "service problems" of ethnicity, gender, culture and age by starting with planning by or with the "whole person".

Person-centred planning isn't one clearly defined process, but a range of processes sharing a general philosophical background, and aiming at similar outcomes. As it has become more well known further processes and procedures have also been given the title 'person-centred planning'. Some of these have little in common with person-centred planning as originally envisaged. Person-centered planning through the Rehabilitation Research and Training Center on Community Integration in the US was, in part, an agency and systems change process as opposed to only an "individual planning" process moving to an "individual budgeting process"[12]

Person-centred planning involves the individual receiving the service, with family members, neighbors, employers, community members, and friends, and professionals (such as physician/ doctors, psychiatrists, nurses, support workers, care managers, therapists, and social workers) developing a plan on community participation and quality of life with the individual. In contrast, traditional models of planning have focussed on the person's deficits and negative behaviours, labelling the person and creating a disempowering mindset from the start.

Person-centred planning offers an alternative to traditional models, striving to place the individual at the centre of decision-making, treating family members as partners. The process focusses on discovering the person's gifts, skills and capacities, and on listening for what is really important to the person (e.g., Snow, O'Brien & Mount). It is based on the values of human rights, interdependence, choice and social inclusion, and can be designed to enable people to direct their own services and supports, in a personalised way.

Methods

Person-centered planning utilises a number of techniques, with the central premise that any methods used must be reflective of the individual's personal communication mechanisms and assist them to outline their needs, wishes and goals. There is no differentiation between the process used and the output and outcomes of the PCP; instead it pursues social inclusion (e.g., community participation, employment and recreation) through inclusive means. Beth Mount characterised the key similarities or 'family resemblances' of the different person centred methods and approaches into four themes:

- seeing people first, rather than diagnostic labels
- using ordinary language and images, rather than professional jargon
- actively searching for a person's gifts and capacities in the context of community life
- strengthening the voice of the person, and those who know the person best in accounting for their history, evaluating their present conditions in terms of valued experiences and defining desirable changes in their life[13]

Person centred thinking skills, total communication techniques, graphic facilitation of meetings and problem solving skills are some methods commonly used in the development of a person centred plan, as are PATH (Planning Alternative Tomorrows With Hope), circles of support (Canada), MAPS (Canada), personal futures planning (O'Brien & Mount, US), Essential Lifestyle Planning (Maryland, US), person centred reviews, Getting to Know You (Wisconsin, USA), and most recently the use of Person centred thinking tools[14] to build from one page profiles[15] into person centred descriptions/collections of person centred Information and on into full scale plans.

The resultant plan may be in any format that is accessible to the individual, such as a document, a drawing or an oral plan recorded onto a tape or compact disc. Multimedia techniques are becoming more popular for this type of planning as development costs decrease and the technology used becomes more readily available. Plans are updated as and when the individual wishes to make changes, or when a goal or aspiration is achieved. If part of a regular planning process in the US, regular plan updates are usually required by regulatory agencies (e.g., state offices in the USA through local agencies).

Person-centred planning can have many effects that go beyond the making of plans. It can create a space during which someone who is not

quarters had a disability in 2010.[8] Were this population included in the SIPP, the magnitude of the disability estimates presented in this report would likely be larger.

HIGHLIGHTS

- Approximately 56.7 million people (18.7 percent) of the 303.9 million in the civilian noninstitutionalized population had a disability in 2010.[9] About 38.3 million people (12.6 percent) had a severe disability (Table 1). About 12.3 million people aged 6 years and older (4.4 percent) needed assistance with one or more activities of daily living (ADLs) or instrumental activities of daily living (IADLs).[10]

[8] S2601A. Characteristics of the Group Quarters Population in the United States, <factfinder2.census.gov/bkmk/table/1.0/en/ACS/10_1YR/S2601A>.

[9] The estimates in this report (which may be shown in text, figures, and tables) are based on responses from a sample of the population and may differ from actual values because of sampling variability or other factors. As a result, apparent differences between the estimates for two or more groups may not be statistically significant. All comparative statements have undergone statistical testing and are significant at the 90 percent confidence level unless otherwise noted.

[10] For the definition of activities of daily living (ADLs) and instrumental activities of daily living (IADLs), see Figure 1 or the section ADLs, IADLs, and Need for Assistance on page 9.

Table 1.
Prevalence of Disability for Selected Age Groups: 2005 and 2010
(Numbers in thousands)

Category	2005[1]				2010				Difference	
	Number	Margin of error (±)[2]	Percent	Margin of error (±)[2]	Number	Margin of error (±)[2]	Percent	Margin of error (±)[2]	Number	Percent
All ages	291,099	*****	100.0	(X)	303,858	*****	100.0	(X)	**12,760	(X)
With a disability	54,425	894	18.7	0.3	56,672	905	18.7	0.3	*2,247	–
Severe disability	34,947	601	12.0	0.2	38,284	654	12.6	0.2	*3,337	*0.6
Aged 6 and older	266,752	84	100.0	(X)	278,222	88	100.0	(X)	*11,469	(X)
Needed personal assistance	10,996	336	4.1	0.1	12,349	386	4.4	0.1	*1,353	*0.3
Aged 15 and older	230,391	*****	100.0	(X)	241,682	*****	100.0	(X)	**11,291	(X)
With a disability	49,069	794	21.3	0.3	51,454	838	21.3	0.3	*2,385	–
Severe disability	32,771	567	14.2	0.2	35,683	631	14.8	0.3	*2,912	*0.5
Difficulty seeing	7,793	350	3.4	0.2	8,077	354	3.3	0.1	284	–
Severe	1,783	129	0.8	0.1	2,010	139	0.8	0.1	*228	0.1
Difficulty hearing	7,809	325	3.4	0.1	7,572	320	3.1	0.1	–237	*–0.3
Severe	993	103	0.4	–	1,096	122	0.5	0.1	103	–
Aged 21 to 64	170,349	185	100.0	(X)	177,295	193	100.0	(X)	*6,945	(X)
With a disability	28,141	622	16.5	0.4	29,479	705	16.6	0.4	*1,338	0.1
Employed	12,838	495	45.6	1.2	12,115	432	41.1	1.0	*–723	*–4.5
Severe disability	18,705	469	11.0	0.3	20,286	566	11.4	0.3	*1,581	*0.5
Employed	5,738	277	30.7	1.2	5,570	261	27.5	1.0	–167	*–3.2
Nonsevere disability	9,436	403	5.5	0.2	9,193	374	5.2	0.2	–243	*–0.4
Employed	7,100	356	75.2	1.8	6,544	311	71.2	1.6	*–556	*–4.1
No disability	142,208	636	83.5	0.4	147,816	733	83.4	0.4	*5,607	–0.1
Employed	118,707	678	83.5	0.3	116,881	862	79.1	0.4	*–1,826	*–4.4
Aged 65 and older	35,028	*****	100.0	(X)	38,599	*****	100.0	(X)	**3,571	(X)
With a disability	18,132	324	51.8	0.9	19,234	327	49.8	0.8	*1,102	*–1.9
Severe disability	12,942	273	36.9	0.8	14,138	276	36.6	0.7	*1,196	–0.3

– Represents or rounds to zero.

(X) Not applicable.

* Denotes a statistically significant difference at the 90 percent confidence level.

** Denotes a difference between two controlled estimates. By definition, this difference is statistically significant.

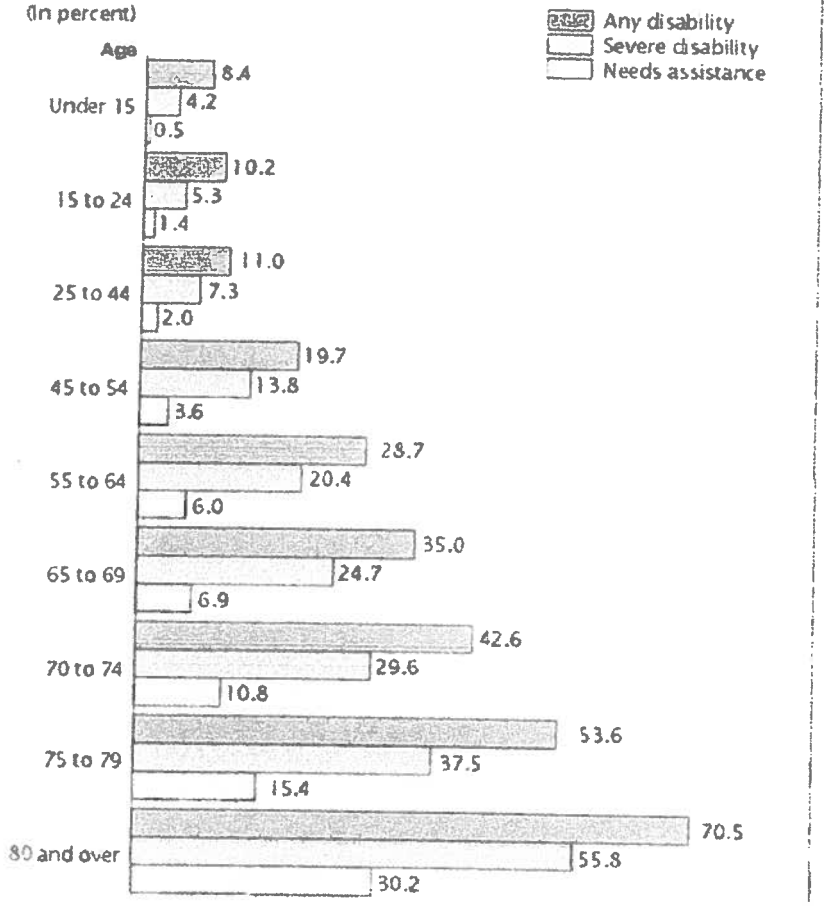
***** Indicates (in margin of error column) that the estimate is controlled to independent population estimates. A statistical test for sampling variability is not appropriate.

[1] Estimates of disability prevalence for 2005 may differ from the estimates presented in "Americans With Disabilities: 2005, P70-117" due to changes in the survey weighting since the report's publication. Furthermore, the margins of error in the 2005 report were calculated using the generalized variance formula method. The estimates of variance shown here use the successive differences replication method.

[2] A margin of error is a measure of an estimate's variability. The larger the margin of error in relation to the size of the estimate, the less reliable the estimate. The margins of error shown in this table are for the 90 percent confidence level. For more information about the source and accuracy of the estimates, including margins of error, standard errors, and confidence intervals, see the Source and Accuracy Statement at <http://www.census.gov/sipp/sourceac/S&A06_WtdW6(S&A-13).pdf>.

Source: U.S. Census Bureau, Survey of Income and Program Participation, June–September 2005 and May–August 2010.

Figure 2.
Disability Prevalence and the Need for Assistance by Age: 2010
(In percent)



Note: The need for assistance with activities of daily living was not asked of children under 6 years.

Source: U.S. Census Bureau, Survey of Income and Program Participation, May-August 2010.

- The percentage of people with a disability was statistically unchanged from 2005. However, when adjusted for the aging of the population, the disability rate dropped from 18.6 percent to 18.1 percent (Table 2).
- Four in 10 individuals aged 21 to 64 with a disability were employed (41.1 percent), as shown in Table A-2, compared with 8 in 10 adults without disabilities (79.1 percent).
- At 10.8 percent, adults aged 15 to 64 with severe disabilities were more likely to experience persistent poverty (continuous poverty over a 24-month period) than adults with nonsevere disabilities (4.9 percent) and those with no disability (3.8 percent), as shown in Figure 5b.

DISABILITY PREVALENCE

Approximately 56.7 million people living in the United States had some kind of disability in 2010 (Table 1). This accounted for 18.7 percent of the 303.9 million people in the civilian noninstitutionalized population that year. About 12.6 percent or 38.3 million people had a severe disability. The total number of people with a disability increased by 2.2 million from 54.4 million people in 2005, when disability was last measured in the SIPP, while the percentage remained statistically unchanged. Both the number and percentage with a severe disability increased over that time period. Of people aged 6 years and older, 12.3 million or 4.4 percent needed assistance with one or more ADLs or IADLs, an increase from both the number and percentage that needed assistance in 2005.

As a generally accepted understanding of prevalence, the risk of having a disability increased with successively older age groups (Figure 2). At 70.5 percent, people in the oldest age group (people 80 years and older) were about 8 times as likely to have a disability as people in the youngest age group (children less than 15 years old), at 8.4 percent. Between 2005 and 2010, disability rates decreased for people 55 to 64 years old and for people 65 to 69 years old while the change in disability rate was not statistically significant for each of the other age groups.

Severe disability and the need for personal assistance also increased with age. The probability of severe disability was 1-in-20 for people aged 15 to 24, while 1-in-4 for those aged 65 to 69. Among the

Jessica Kingsley Publishers p21
8. ^ O'Brien J. (1989) What's worth working for? Leadership for Better Quality Human Services. Syracuse NY. The Center on Human Policy, Syracuse University for the Research and Training Center on Community Living of University of Minnesota.
9. ^ Racino, J., Walker, P., O'Connor, S.,& Taylor, S. (1993). Housing, support and community. Baltimore, MD: Paul H. Brookes.
10. ^ Taylor, S., Racino, J., Knoll, J., & Lutfiyya, Z. (1987). The nonrestrictive environment: On community integration for persons with the most severe disabilities. Syracuse, NY: Human Policy Press.
11. ^ Racino, J.(1999). Statewide approaches to community integration: Technical assistance strategies that make a difference. Journal of Vocational Rehabilitation, 13, 31-43.
12. ^ Racino, J. (1999). Policy, program evaluation and research in disability: Community support for all. Binghamton, NY: The Haworth Press.
13. ^ Mount, B (1992) Person Centred Planning: A Sourcebook of Values, Ideas and Methods to Encourage Person-Centered Development. New York, Graphic Futures
14. ^ person centred thinking tools (http://www.csrpcp.net/default.aspx?page=16600)
15. ^ Neill M, Sanderson H, Bailey G. One Page Profiles: Going from a one page profile to person centred plan or support plan http://www.helensandersonassociates.co.uk/media/51351/16-one%20page%20profiles%20resource.pdf
16. ^ Conversations in Citizenship and Person Centred Work, Vol III, eds John O'Brien and Carol Blessing p131
17. ^ Conversations in Citizenship and Person Centred Work, Vol III, eds John O'Brien and Carol Blessing p114
18. ^ A Positive Approach To Risk Requires Person Centred Thinking. Neill M, Allen, J. Woodhead, N. Sanderson H. Reid, S. Erwin, L. (2009) Tizard Learning Disability Review (http://pierprofessional.metapress.com/content/vr700311x66j0125/)
19. ^ http://www.lancs.ac.uk/fass/ihr/publications/ericemerson/the_impact_of_person_centred_planning_final_report.pdf
20. ^ Valuing People Now, Department of Health, December 2007
21. ^ LAC (DH)(2008)1: Transforming social care : Department of Health – Publications (http://www.dh.gov.uk/en/Publicationsandstatistics /Lettersandcirculars/LocalAuthorityCirculars/DH_081934)
22. ^ Sanderson H. Duffy S. (2008) Support Planning in J. Thompson, J. Kilbane, H. Sanderson (eds) Person Centred Practice for Professionals, Open University Press pp 256 - 279

Further reading

- Cambridge, P. and Carnaby, S. 2005. *Person Centred Planning and Care Management with People with Learning Disabilities.* Jessica Kingsley Publishing, London.
- Claes,C., Van Hove, G., Vandevelde, S., Van Loon, J., & Schalock, R. (2010, December). Person-centered planning: Analysis of research effectiveness. Intellectual and Developmental Disabilities, 48(6), 432–453.
- Department of Health 2001 *Valuing People* DOH London
- Department of Health 2007 *Valuing People Now* DOH London
- Emerson, E. et al. 2005 *The Impact of Person Centred Planning* Institute of Health Research, Lancaster University, Lancaster
- Falvey, MA., Forest, M., Pearpoint, J. and Rosenberg, RL. 1997. *All My Life's a Circle. Using the tools: Circles, MAPS & PATHS.* Inclusion Press, Toronto.
- Helen Sanderson Associates "What is Person Centred Planning?" Available from: http://www.helensandersonassociates.co.uk /reading-room/how/person-centred-planning.aspx
- Neill, M. Allen, J. Woodhead, N. Reid, S. Irwin, L. Sanderson, H. 2008 "A Positive Approach to Risk Requires Person Centred Thinking" London, CSIP Personalisation Network, Department of Health. Available from: http://networks.csip.org.uk/Personalisation /Topics/tags/?tag=Risk [Accessed 8 December 2008]
- Neill, M. Sanderson, H. Bailey, G. 2008 *One Page Profile to Person Centred Plan or Support Plan* Stockport, Helen Sanderson Associates. Available from: http://helensandersonassociates.co.uk /PDFs/One%20Page%20Profile%20to%20Person%20Centred%20Plan%20or%20support%20plan%20-%20Nov_08%20FINAL.pdf [Accessed 8 December 2008]
- O'Brien, J. and Blessing, C. 2011. *Conversations on Citizenship and Person Centred Work.* Inclusion Press, Toronto.
- O'Brien, J. and Lyle O'Brien, C. 1988. *A Little Book About Person Centred Planning.* Inclusion Press, Toronto.
- O'Brien, J. and Lyle O'Brien, C. 2006. *Implementing Person Centred Planning: Voices of Experience* Inclusion Press, Toronto.
- Perske, R. 1988. *Circles Of Friends.* Abingdon Press, Nashville.
- Platt, D. 2007 *Seizing The Day On Person Centred Thinking and Planning With Older People* Speech to Practicalities and Possibilities Conference, CSCI London.
- Racino, J. (1999). Statewide approaches to community integration: moving toward technical assistance strategies that make a difference. Journal of Vocational Rehabilitation, 13(1), 31–44.
- Racino, J., Walker, P., O'Connor, S., & Taylor, S. (1993). Housing, support and community (pp. 50–51). Baltimore, MD: Paul H. Brookes. [S. Taylor, J. Racino, & B. Shoultz (Eds.), Community Participation Series, Volume 2].
- Sanderson, H., Kennedy, K., Ritchie, P. and Goodwin G. 1997. *People, Plans and Possibilities: Exploring person centred planning.* SHS, Edinburgh
- Sanderson, H. and Smull, M. 2005. *Essential Lifestyle Planning for Everyone.* Helen Sanderson Associates, London.
- Schwartz, AA., Jacobson, JW., Holburn, SC. 2000. *Defining Person Centeredness: Results of Two Consensus Methods.* Education and Training in Mental Retardation and Developmental Disabilities. 35.
- Taylor, S., Racino, J., Knoll, J., & Lutfiyya, Z. (1987). The nonrestrictive environment: On community integration of persons with the most severe disabilities. Syracuse, NY: Human Policy Press.

External links

> *not at the centre of how things are done. The challenge of the next three years is to take all this innovative work and make sure that more – and eventually all – people have real choice and control over their lives and services"*

Person-centered planning in the USA has continued to be investigated at the secondary research level and validated for more general use (e.g., Claes, *et al.*, 2010).

Local Authorities in Britain are now being challenged by government to change their model to one that is founded on Person Centred Approaches[21]

> *"This move is from the model of care, where an individual receives the care determined by a professional, to one that has person centred planning at its heart, with the individual firmly at the centre in identifying what is personally important to deliver his or her outcomes"*

The government recognises that this will require a fundamental change in the way services are organised and think:

> *"Personalisation is about whole system change."*

In New York State (USA), the Office for People with Developmental Disabilities (OPWDD)OPWDD (http://www.opwdd.ny.gov/), has mandated the use of person-centered planning in all new service development for people with intellectual disabilities. Person-centered planning is central to the new approaches to person-directed supports with are based on stronger self-determination than traditional person-centered approaches.

Outcomes

Person centred thinking and planning is founded on the premise that genuine listening contains an implied promise to take action. Unless what is learned about how the person wishes to live, and where they wish to go in their lives is recorded and **acted upon**, any planning will have been a waste of time, and more importantly a betrayal of the person and the trust they have placed in those who have planned with them.

In the UK initiatives such as individual budgets and self-directed supports using models like In Control (http://www.in-control.org.uk/) mean that Person Centred Planning can now be used to directly influence a person's Support Planning, giving them direct control over who delivers their support, and how it is delivered.[22]

PCP tools can be very powerful methods of focused listening, creative thinking and alliance building that have been shown both by experience and by research to make a significant impact in the lives of people who use human support services, when used imaginatively by people with a commitment to person-centeredness. Used well, with enthusiasm and commitment, these tools can be an excellent way of planning with people who might otherwise find it difficult to plan their lives, or who find that other people and services are planning their lives for them.

See also

- Developmental Disability
- Direct Support Professional
- Disability rights movement
- Family Movement
- Independent living
- Matching Person & Technology Model
- Self Advocacy
- Social role valorization

References

1. ^ Families Leading Planning "What is Person Centred Planning? http://www.familiesleadingplanning.co.uk/Documents/WHAT%20IS%20PERSON%20CENTRED%20PLANNING.pdf
2. ^ Helen Sanderson, Jeanette Thompson, Jackie Kilbane; The Emergence of Person Centred Planning as Evidence Based Practice (2006) Journal of Integrated care Vol 14, Issue 2. http://www.in-control.org.uk/media/85688/person%20centred%20planning%20evidence-based%20practice.pdf
3. ^ http://www.valuingpeoplenow.dh.gov.uk/valuing-people-now/personalising
4. ^ Personalisation through Person Centred Planning: http://helensandersonassociates.co.uk/news/files/2010/04/Personalisation-through-Person-Centred-Planning.pdf
5. ^ Sanderson H. Lewis J. (2012) A Practical Guide to Delivering Personalisation; Person-Centred Practice in Health and Social Care. London; Jessica Kingsley Publishers
6. ^ Thompson J. Kilbane J. Sanderson H. (2008) Person Centred Practice for Professionals. Open University Press
7. ^ Sanderson H. Lewis J. (2012) A Practical Guide to Delivering Personalisation; Person-Centred Practice in Health and Social Care. London:

- Writings of John and Connie Lyle O'Brien (http://thechp.syr.edu/rsapub.htm)
- The Learning Community for Person Centered Practices (Person Centered Thinking and Essential Lifestyle Planning and more...) (http://www.learningcommunity.us/)
- Helen Sanderson Associates: Reading Room (http://www.helensandersonassociates.co.uk/reading-room.aspx)
- The Circles Network – What is Person Centred Planning? (http://www.circlesnetwork.org.uk/what_is_person_centred_planning.htm)
- Definitions of person-centred planning, thinking and approaches (http://www.csrpcp.cswebsites.org/default.aspx?page=27056)
- Key articles on person centred planning on the www.isja.org.uk directory (http://www.capacitythinking.org.uk/ISJA/links_pcplanning.html)
- Key Papers on 'Valuing People (2001)' (http://valuingpeople.gov.uk/dynamic/valuingpeople8.jsp)
- Person Centred Planning Pages (http://www.csrpcp.net/)
- The Impact of Person Centred Planning (2005) (http://www.lancs.ac.uk/shm/dhr/publications/ericemerson/the_impact_of_person_centred_planning_final_report.pdf) – Institute of Health Research report measuring the Impact of Person Centred Planning
- Community-Building and Commitment-Building with Path (http://www.communityworks.info/articles/cb_path.htm), from Implementing Person-Centered Planning: Voices of Experience
- Think Local, Act Personal (http://www.thinklocalactpersonal.org.uk/); a sector wide partnership for transforming adult social care

Retrieved from "http://en.wikipedia.org/w/index.php?title=Person-centred_planning&oldid=557042531"
Categories: Disability Community building Mental health